



Work Order Bid (ID)

WORK ORDER INFORMATION

Work Order Name: 13013SH3364

Work Order Type: Weatherization

Audit Name: 13013SH3364

CLIENT INFORMATION

Client ID: 13013SH3364

AGENCY INFORMATION

Agency: Shelby County Community Services Agency

Agency Phone: (901) 222-4280

Address: 3772 South Hickory Ridge Mall, Suite 516
Memphis, TN 38115

Fax: (901) 222-4313

Email Address:

Agency Contact: WOOD, JIM

Work Phone:

Cell Phone:

Email Address:

Company Name & License Number: _____

Contractor's Signature: _____

COMMENT

Site built 1971
CERTIFIED FIRM/RENOVATOR REQUIRED
Audit date: 4/5/12

Measures

Measure 1 Infiltration Redctn				Components				Inspected	
Comment Caulk Wdw's # 1, 3 thru 9 Caulk and Glaze Wdw #2 W/S & D/S -Front and Back doors W/S attic stairs Wrap 30 ft of duct Seal plumbing penetration at Kitchen sink Seal plumbing penetration at Bathroom sink								<input type="checkbox"/>	
				Estimated		Actual			
#	Material / Labor	Description / Comment	Units	Qty	Unit Cost	Total	Qty	Unit Cost	Total
1	Miscellaneous Su	Infiltration Reduction	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	Infiltration Reduction	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Detail									
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Measure Sub Total:						<input type="text"/>	Sub Total:		<input type="text"/>
Field Notes:									

Measure 2 Wall Insulation**Components** WL1,WL2,WL3,WL4
,WL5,WL6,WL7,WL
8**Inspected****Comment** R-13 961 sq ft☐

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
1	Insulation	Wall Insulation - Blown Cellulose - 2x4 Filled	SqFt	961	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	Wall Insulation - Blown Cellulose - 2x4 Filled	SqFt	961	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Detail

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Measure Sub Total: **Sub Total:** **Field Notes:****Measure 3 CO Monitor is Needed****Components****Inspected****Comment** Qty 1☐

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
1	Health and Safety	CO monitor	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	CO monitor	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Detail

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Measure Sub Total: **Sub Total:** **Field Notes:**

Measure 4 Fix Improper Venting (Clothes Dryer)**Components****Inspected****Comment** Replace dryer vent -COMPLETE☐

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
1	Health and Safety	Fix Improper Venting (Clothes Dryer)	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	Fix Improper Venting (Clothes Dryer)	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Detail

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Measure Sub Total: **Sub Total:** **Field Notes:****Measure 5 Install Kitchen Exhaust Fan****Components****Inspected****Comment** Replace vented vent-a-hood
Vent thru roof☐

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
1	Health and Safety	Kitchen exhaust fan	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	Kitchen exhaust fan	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Detail

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Measure Sub Total: **Sub Total:** **Field Notes:****Work Order Grand Total:** **Grand Total:**